



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

Envision Insurance Company

NAIC Group Code00000,00000NAIC Company Code12747Employer's ID Number20-4308924

(Current Period)(Prior Period)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOhio

Country of DomicileUnited States

Licensed as business type: Life, Accident & Health [X]Property/Casualty []Hospital, Medical & Dental Service or Indemnity []

Dental Service Corporation []Vision Service Corporation []Health Maintenance Organization []

Other []Is HMO, Federally Qualified? Yes [] No []

Incorporated/Organized02/08/2006Commenced Business01/01/2007

Statutory Home Office2181 East Aurora RoadTwinsburg, OH, US 44087

(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office2181 East Aurora Road

(Street and Number)

Twinsburg, OH, US 44087330-405-8089

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail Address2181 East Aurora RoadTwinsburg, OH, US 44087

(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records2181 East Aurora Road

(Street and Number)

Twinsburg, OH, US 44087330-405-8089

(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number) (Extension)

Internet Web Site Addresswww.envisionrx.com

Statutory Statement ContactScott David Gonia CPAScott David Gonia CPAS330-486-4846

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eicaccounting@envisionrx.com330-486-4801

(E-Mail Address)(Fax Number)

OFFICERS

Name	Title	Name	Title
William Carl Epling	President	Kimberly Sue Kirkbride	Treasurer
Michael Pryor DeMinico	Vice President & Secretary	Thomas John Welsh	Chief Financial Officer & Executive Vice President

OTHER OFFICERS

Frank John Sheehy	Chief Executive Officer	Dawn Gail Sherman	Executive Vice President
Catherine Hoagland Strautman	Executive Vice President	Eugene Paul Samuels JD	Chief Counsel for Regulatory Affairs & Gov't Rel

DIRECTORS OR TRUSTEES

William Carl Epling	Douglas Elwood Donley #	Matthew Charles Schroeder #	Kenneth Charles Black #
Frank John Sheehy	Darren Wayne Karst #	Thomas John Welsh	

State ofOhio.....
County ofSummit.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

William Carl EplingPresidentKimberly Sue KirkbrideTreasurerThomas John WelshChief Financial Officer & Executive Vice President

Subscribed and sworn to before me this day of, a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number

2. Date filed

3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

Exhibit 3 - Health Care Receivables

NONE

Exhibit 3A - Analysis of HC Receivables

NONE

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	0	0.0		0.0		
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	0	0.0	0	0.0	0	0
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	0	0.0	XXX	XXX		
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	435,042,787	100.0	XXX	XXX	435,042,787	
12. Total other payments	435,042,787	100.0	XXX	XXX	435,042,787	0
13. Total (Line 4 plus Line 12)	435,042,787	100 %	XXX	XXX	435,042,787	0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code		00000		BUSINESS IN THE STATE OF Alabama		DURING THE YEAR 2015					NAIC Company Code		12747								
				1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10	
						2	3														
				Total		Individual	Group	Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year				1,371																1,371	
2. First Quarter				2,390																2,390	
3. Second Quarter				2,728																2,728	
4. Third Quarter				3,022																3,022	
5. Current Year				3,197																3,197	
6. Current Year Member Months				32,041																32,041	
Total Member Ambulatory Encounters for Year:																					
7. Physician				0																	
8. Non-Physician				0																	
9. Total				0		0	0	0		0		0		0		0		0		0	
10. Hospital Patient Days Incurred				0																	
11. Number of Inpatient Admissions				0																	
12. Health Premiums Written (b).....				3,193,725																3,193,725	
13. Life Premiums Direct.....				0																	
14. Property/Casualty Premiums Written.....				0																	
15. Health Premiums Earned.....				3,193,725																3,193,725	
16. Property/Casualty Premiums Earned.....				0																	
17. Amount Paid for Provision of Health Care Services				2,807,261																2,807,261	
18. Amount Incurred for Provision of Health Care Services				2,890,473																2,890,473	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,193,725



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Alaska	DURING THE YEAR 2015										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	905										905
2. First Quarter	1,263										1,263
3. Second Quarter	1,344										1,344
4. Third Quarter	1,424										1,424
5. Current Year	1,487										1,487
6. Current Year Member Months	15,993										15,993
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	1,289,253										1,289,253
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	1,289,253										1,289,253
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	1,101,569										1,101,569
18. Amount Incurred for Provision of Health Care Services	1,088,981										1,088,981

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,289,253

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Arizona		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,304									7,304
2. First Quarter	7,992									7,992
3. Second Quarter	7,997									7,997
4. Third Quarter	8,074									8,074
5. Current Year	8,205									8,205
6. Current Year Member Months	92,767									92,767
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	7,720,803									7,720,803
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	7,720,803									7,720,803
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	6,224,763									6,224,763
18. Amount Incurred for Provision of Health Care Services	6,188,014									6,188,014

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,720,803

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	747									747
2. First Quarter	1,129									1,129
3. Second Quarter	1,106									1,106
4. Third Quarter	1,100									1,100
5. Current Year	1,093									1,093
6. Current Year Member Months	12,788									12,788
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,387,750									1,387,750
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,387,750									1,387,750
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,354,420									1,354,420
18. Amount Incurred for Provision of Health Care Services	1,383,688									1,383,688

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,387,750

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF California	DURING THE YEAR 2015										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	139,443										139,443
2. First Quarter	155,102										155,102
3. Second Quarter	155,788										155,788
4. Third Quarter	157,407										157,407
5. Current Year	160,254										160,254
6. Current Year Member Months	1,822,543										1,822,543
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	154,694,665										154,694,665
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	154,694,665										154,694,665
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	151,153,720										151,153,720
18. Amount Incurred for Provision of Health Care Services	151,136,113										151,136,113

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$154,694,665



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Envision Insurance Company

2. _____

(LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Colorado			DURING THE YEAR 2015			NAIC Company Code			12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	8,882									8,882	
2 First Quarter	9,942									9,942	
3 Second Quarter	10,090									10,090	
4. Third Quarter	10,422									10,422	
5. Current Year	10,693									10,693	
6 Current Year Member Months	119,313									119,313	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	10,567,963									10,567,963	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	10,567,963									10,567,963	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	10,627,462									10,627,462	
18. Amount Incurred for Provision of Health Care Services	10,521,045									10,521,045	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,567,963



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Connecticut		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	515									515
2. First Quarter	468									468
3. Second Quarter	466									466
4. Third Quarter	467									467
5. Current Year	474									474
6. Current Year Member Months	5,544									5,544
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	763,471									763,471
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	763,471									763,471
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	605,807									605,807
18. Amount Incurred for Provision of Health Care Services	591,566									591,566

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$763,471



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Delaware		DURING THE YEAR 2015					NAIC Company Code	12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	606									606
2. First Quarter	675									675
3. Second Quarter	675									675
4. Third Quarter	667									667
5. Current Year	662									662
6. Current Year Member Months	7,869									7,869
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	824,286									824,286
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	824,286									824,286
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	887,553									887,553
18. Amount Incurred for Provision of Health Care Services	872,599									872,599

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$824,286

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF District of Columbia	DURING THE YEAR 2015										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	621										621
2 First Quarter	655										655
3 Second Quarter	645										645
4. Third Quarter	633										633
5. Current Year	617										617
6 Current Year Member Months	7,487										7,487
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	862,641										862,641
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	862,641										862,641
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	906,680										906,680
18. Amount Incurred for Provision of Health Care Services	909,238										909,238

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$862,641



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Florida		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,106									3,106
2 First Quarter	3,174									3,174
3 Second Quarter	3,088									3,088
4. Third Quarter	3,161									3,161
5. Current Year	3,070									3,070
6 Current Year Member Months	36,044									36,044
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	5,346,591									5,346,591
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	5,346,591									5,346,591
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	5,726,280									5,726,280
18. Amount Incurred for Provision of Health Care Services	5,606,301									5,606,301

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$5,346,591



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Georgia		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,817									1,817
2. First Quarter	16,813									16,813
3. Second Quarter	17,915									17,915
4. Third Quarter	18,637									18,637
5. Current Year	18,842									18,842
6. Current Year Member Months	208,134									208,134
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	17,562,020									17,562,020
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	17,562,020									17,562,020
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	13,855,910									13,855,910
18. Amount Incurred for Provision of Health Care Services	14,761,967									14,761,967

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$17,562,020



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Guam		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									0
2. First Quarter	10									10
3. Second Quarter	11									11
4. Third Quarter	10									10
5. Current Year	10									10
6. Current Year Member Months	120									120
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,608									2,608
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,608									2,608
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,286									1,286
18. Amount Incurred for Provision of Health Care Services	1,286									1,286

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,608



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Hawaii		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	305									305
2. First Quarter	632									632
3. Second Quarter	759									759
4. Third Quarter	890									890
5. Current Year	952									952
6. Current Year Member Months	8,894									8,894
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	777,558									777,558
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	777,558									777,558
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	580,896									580,896
18. Amount Incurred for Provision of Health Care Services	597,219									597,219

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$777,558



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Idaho		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,555									1,555
2. First Quarter	1,812									1,812
3. Second Quarter	1,851									1,851
4. Third Quarter	1,921									1,921
5. Current Year	1,984									1,984
6. Current Year Member Months	22,012									22,012
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,089,055									2,089,055
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,089,055									2,089,055
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,616,676									1,616,676
18. Amount Incurred for Provision of Health Care Services	1,612,049									1,612,049

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,089,055



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	14,782									14,782
2. First Quarter	19,444									19,444
3. Second Quarter	21,030									21,030
4. Third Quarter	22,465									22,465
5. Current Year	23,350									23,350
6. Current Year Member Months	247,042									247,042
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	23,349,268									23,349,268
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	23,349,268									23,349,268
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	20,986,758									20,986,758
18. Amount Incurred for Provision of Health Care Services	21,376,825									21,376,825

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$23,349,268



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2015 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,781									7,781
2. First Quarter	8,037									8,037
3. Second Quarter	7,906									7,906
4. Third Quarter	7,677									7,677
5. Current Year	7,549									7,549
6. Current Year Member Months	92,099									92,099
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	9,530,480									9,530,480
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	9,530,480									9,530,480
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	9,215,568									9,215,568
18. Amount Incurred for Provision of Health Care Services	9,242,026									9,242,026

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$9,530,480



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Iowa	DURING THE YEAR 2015										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	3,347										3,347
2. First Quarter	1,199										1,199
3. Second Quarter	1,118										1,118
4. Third Quarter	1,117										1,117
5. Current Year	1,115										1,115
6. Current Year Member Months	13,308										13,308
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	1,488,406										1,488,406
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	1,488,406										1,488,406
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	1,335,713										1,335,713
18. Amount Incurred for Provision of Health Care Services	1,168,502										1,168,502

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,488,406



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Kansas		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	737									737
2 First Quarter	943									943
3 Second Quarter	893									893
4. Third Quarter	880									880
5. Current Year	862									862
6 Current Year Member Months	10,449									10,449
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,206,298									1,206,298
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,206,298									1,206,298
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,121,423									1,121,423
18. Amount Incurred for Provision of Health Care Services	1,131,979									1,131,979

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,206,298

30.KS



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Kentucky	DURING THE YEAR 2015										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	8,489										8,489
2. First Quarter	9,199										9,199
3. Second Quarter	9,083										9,083
4. Third Quarter	8,902										8,902
5. Current Year	8,757										8,757
6. Current Year Member Months	105,884										105,884
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	10,894,610										10,894,610
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	10,894,610										10,894,610
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	10,455,387										10,455,387
18. Amount Incurred for Provision of Health Care Services	10,466,664										10,466,664

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,894,610



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Louisiana		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,057									4,057
2. First Quarter	4,939									4,939
3. Second Quarter	5,313									5,313
4. Third Quarter	5,668									5,668
5. Current Year	5,811									5,811
6. Current Year Member Months	62,508									62,508
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	6,046,660									6,046,660
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	6,046,660									6,046,660
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	5,370,245									5,370,245
18. Amount Incurred for Provision of Health Care Services	5,453,841									5,453,841

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$6,046,660

30.LA



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Maine DURING THE YEAR 2015 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	580									580
2 First Quarter	986									986
3 Second Quarter	1,171									1,171
4. Third Quarter	1,294									1,294
5. Current Year	1,430									1,430
6 Current Year Member Months	13,736									13,736
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,391,680									1,391,680
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,391,680									1,391,680
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,013,778									1,013,778
18. Amount Incurred for Provision of Health Care Services	1,057,223									1,057,223

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,391,680

30.ME



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Maryland DURING THE YEAR 2015 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,818									3,818
2 First Quarter	3,893									3,893
3 Second Quarter	3,932									3,932
4. Third Quarter	3,856									3,856
5. Current Year	3,812									3,812
6 Current Year Member Months	45,534									45,534
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	5,100,782									5,100,782
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	5,100,782									5,100,782
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	5,159,245									5,159,245
18. Amount Incurred for Provision of Health Care Services	5,148,635									5,148,635

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$5,100,782



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Massachusetts			DURING THE YEAR 2015			NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	465									465
2. First Quarter	401									401
3. Second Quarter	382									382
4. Third Quarter	387									387
5. Current Year	398									398
6. Current Year Member Months	4,564									4,564
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	627,546									627,546
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	627,546									627,546
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	349,410									349,410
18. Amount Incurred for Provision of Health Care Services	329,204									329,204

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$627,546



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Michigan				DURING THE YEAR 2015				NAIC Company Code		12747
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year		11,511									11,511	
2 First Quarter		13,538									13,538	
3 Second Quarter		14,136									14,136	
4. Third Quarter		13,675									13,675	
5. Current Year		13,620									13,620	
6 Current Year Member Months		156,027									156,027	
Total Member Ambulatory Encounters for Year:												
7. Physician		0										
8. Non-Physician		0										
9. Total		0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred		0										
11. Number of Inpatient Admissions		0										
12. Health Premiums Written (b).....		15,724,816									15,724,816	
13. Life Premiums Direct.....		0										
14. Property/Casualty Premiums Written.....		0										
15. Health Premiums Earned.....		15,724,816									15,724,816	
16. Property/Casualty Premiums Earned.....		0										
17. Amount Paid for Provision of Health Care Services		13,956,498									13,956,498	
18. Amount Incurred for Provision of Health Care Services		13,949,639									13,949,639	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$15,724,816



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Minnesota		DURING THE YEAR 2015					NAIC Company Code	12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,093									5,093
2. First Quarter	1,519									1,519
3. Second Quarter	1,421									1,421
4. Third Quarter	1,389									1,389
5. Current Year	1,374									1,374
6. Current Year Member Months	16,751									16,751
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,278,095									2,278,095
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,278,095									2,278,095
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	2,744,646									2,744,646
18. Amount Incurred for Provision of Health Care Services	2,469,553									2,469,553

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,278,095

30.MN



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code		00000		BUSINESS IN THE STATE OF Mississippi		DURING THE YEAR 2015				NAIC Company Code		12747	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10			
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:													
1. Prior Year	6,319									6,319			
2 First Quarter	7,031									7,031			
3 Second Quarter	6,932									6,932			
4. Third Quarter	6,795									6,795			
5. Current Year	6,711									6,711			
6 Current Year Member Months	81,019									81,019			
Total Member Ambulatory Encounters for Year:													
7. Physician	0												
8. Non-Physician	0												
9. Total	0	0	0	0	0	0	0	0	0	0			
10. Hospital Patient Days Incurred	0												
11. Number of Inpatient Admissions	0												
12. Health Premiums Written (b).....	7,551,769									7,551,769			
13. Life Premiums Direct.....	0												
14. Property/Casualty Premiums Written.....	0												
15. Health Premiums Earned.....	7,551,769									7,551,769			
16. Property/Casualty Premiums Earned.....	0												
17. Amount Paid for Provision of Health Care Services	6,849,979									6,849,979			
18. Amount Incurred for Provision of Health Care Services	6,840,457									6,840,457			

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,551,769

30.MS



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2015 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	423									423
2. First Quarter	390									390
3. Second Quarter	377									377
4. Third Quarter	361									361
5. Current Year	357									357
6. Current Year Member Months	4,330									4,330
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	520,236									520,236
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	520,236									520,236
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	546,906									546,906
18. Amount Incurred for Provision of Health Care Services	525,784									525,784

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$520,236



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Montana		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,109									1,109
2. First Quarter	389									389
3. Second Quarter	379									379
4. Third Quarter	376									376
5. Current Year	376									376
6. Current Year Member Months	4,476									4,476
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	472,025									472,025
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	472,025									472,025
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	579,339									579,339
18. Amount Incurred for Provision of Health Care Services	535,256									535,256

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$472,025

30.MT



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Nebraska	DURING THE YEAR 2015										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	1,910										1,910
2. First Quarter	860										860
3. Second Quarter	836										836
4. Third Quarter	840										840
5. Current Year	828										828
6. Current Year Member Months	9,872										9,872
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	1,028,275										1,028,275
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	1,028,275										1,028,275
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	1,317,971										1,317,971
18. Amount Incurred for Provision of Health Care Services	1,211,852										1,211,852

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,028,275

30.NE



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION
Envision Insurance Company

2. (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2015 NAIC Company Code 12747

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	781									781
2 First Quarter	856									856
3 Second Quarter	867									867
4. Third Quarter	882									882
5. Current Year	868									868
6 Current Year Member Months	10,118									10,118
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,171,672									1,171,672
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,171,672									1,171,672
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,269,171									1,269,171
18. Amount Incurred for Provision of Health Care Services	1,269,749									1,269,749

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,171,672



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION
Envision Insurance Company

2. (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF New Hampshire DURING THE YEAR 2015 NAIC Company Code 12747

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	228									228
2 First Quarter	629									629
3 Second Quarter	763									763
4. Third Quarter	874									874
5. Current Year	984									984
6 Current Year Member Months	9,089									9,089
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	871,263									871,263
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	871,263									871,263
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	854,160									854,160
18. Amount Incurred for Provision of Health Care Services	889,994									889,994

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$871,263



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New Jersey		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	19,770									19,770
2. First Quarter	23,188									23,188
3. Second Quarter	23,213									23,213
4. Third Quarter	23,396									23,396
5. Current Year	23,580									23,580
6. Current Year Member Months	274,100									274,100
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	30,447,724									30,447,724
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	30,447,724									30,447,724
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	28,229,788									28,229,788
18. Amount Incurred for Provision of Health Care Services	28,242,337									28,242,337

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$30,447,724



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION
Envision Insurance Company

2. (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2015 NAIC Company Code 12747

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,873									1,873
2 First Quarter	3,082									3,082
3 Second Quarter	3,300									3,300
4. Third Quarter	3,653									3,653
5. Current Year	3,890									3,890
6 Current Year Member Months	39,418									39,418
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,815,617									2,815,617
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,815,617									2,815,617
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	2,325,686									2,325,686
18. Amount Incurred for Provision of Health Care Services	2,395,086									2,395,086

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,815,617



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF New York		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,033									7,033
2. First Quarter	7,123									7,123
3. Second Quarter	7,005									7,005
4. Third Quarter	6,985									6,985
5. Current Year	6,955									6,955
6. Current Year Member Months	82,496									82,496
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	11,857,908									11,857,908
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	11,857,908									11,857,908
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	11,537,776									11,537,776
18. Amount Incurred for Provision of Health Care Services	11,376,677									11,376,677

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$11,857,908

30.NY



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF North Carolina		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2,527									2,527
2. First Quarter	2,733									2,733
3. Second Quarter	2,463									2,463
4. Third Quarter	2,380									2,380
5. Current Year	2,300									2,300
6. Current Year Member Months	28,645									28,645
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	3,535,673									3,535,673
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	3,535,673									3,535,673
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,477,327									3,477,327
18. Amount Incurred for Provision of Health Care Services	3,436,458									3,436,458

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$3,535,673



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF North Dakota		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	550									550
2. First Quarter	279									279
3. Second Quarter	262									262
4. Third Quarter	263									263
5. Current Year	263									263
6. Current Year Member Months	3,144									3,144
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	326,725									326,725
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	326,725									326,725
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	357,566									357,566
18. Amount Incurred for Provision of Health Care Services	337,606									337,606

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$326,725



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Ohio	DURING THE YEAR 2015										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	20,259										20,259
2. First Quarter	17,821										17,821
3. Second Quarter	17,544										17,544
4. Third Quarter	17,200										17,200
5. Current Year	16,831										16,831
6. Current Year Member Months	204,539										204,539
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	22,229,853										22,229,853
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	22,229,853										22,229,853
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	22,451,894										22,451,894
18. Amount Incurred for Provision of Health Care Services	21,990,641										21,990,641

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$22,229,853

30.OH



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Oklahoma	DURING THE YEAR 2015										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	864										864
2. First Quarter	1,829										1,829
3. Second Quarter	2,131										2,131
4. Third Quarter	2,437										2,437
5. Current Year	2,597										2,597
6. Current Year Member Months	25,439										25,439
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	2,576,833										2,576,833
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	2,576,833										2,576,833
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	2,343,878										2,343,878
18. Amount Incurred for Provision of Health Care Services	2,456,075										2,456,075

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,576,833

30.OK



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Oregon DURING THE YEAR 2015 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,213									4,213
2. First Quarter	4,568									4,568
3. Second Quarter	4,548									4,548
4. Third Quarter	4,448									4,448
5. Current Year	4,509									4,509
6. Current Year Member Months	53,044									53,044
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	4,617,837									4,617,837
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,617,837									4,617,837
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	3,956,296									3,956,296
18. Amount Incurred for Provision of Health Care Services	3,920,266									3,920,266

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,617,837



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Pennsylvania		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	15,823									15,823
2. First Quarter	15,878									15,878
3. Second Quarter	15,565									15,565
4. Third Quarter	15,061									15,061
5. Current Year	14,720									14,720
6. Current Year Member Months	180,380									180,380
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	18,450,350									18,450,350
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	18,450,350									18,450,350
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	15,680,161									15,680,161
18. Amount Incurred for Provision of Health Care Services	15,527,661									15,527,661

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$18,450,350



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Puerto Rico		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									0
2. First Quarter	77									77
3. Second Quarter	79									79
4. Third Quarter	82									82
5. Current Year	73									73
6. Current Year Member Months	881									881
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	81,289									81,289
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	81,289									81,289
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	83,295									83,295
18. Amount Incurred for Provision of Health Care Services	83,295									83,295

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$81,289



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Rhode Island		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	65									65
2. First Quarter	56									56
3. Second Quarter	55									55
4. Third Quarter	57									57
5. Current Year	55									55
6. Current Year Member Months	657									657
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	85,384									85,384
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	85,384									85,384
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	42,079									42,079
18. Amount Incurred for Provision of Health Care Services	39,893									39,893

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$85,384



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2015 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	977									977
2 First Quarter	1,746									1,746
3 Second Quarter	1,791									1,791
4. Third Quarter	1,873									1,873
5. Current Year	1,990									1,990
6 Current Year Member Months	21,308									21,308
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	2,465,103									2,465,103
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	2,465,103									2,465,103
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	2,655,492									2,655,492
18. Amount Incurred for Provision of Health Care Services	2,743,566									2,743,566

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,465,103



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF South Dakota		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,163									1,163
2. First Quarter	406									406
3. Second Quarter	383									383
4. Third Quarter	380									380
5. Current Year	375									375
6. Current Year Member Months	4,489									4,489
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	496,228									496,228
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	496,228									496,228
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	428,874									428,874
18. Amount Incurred for Provision of Health Care Services	383,553									383,553

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$496,228



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2015					NAIC Company Code	12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,946									1,946
2. First Quarter	3,076									3,076
3. Second Quarter	3,513									3,513
4. Third Quarter	3,893									3,893
5. Current Year	4,091									4,091
6. Current Year Member Months	40,936									40,936
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	4,132,489									4,132,489
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,132,489									4,132,489
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	4,097,330									4,097,330
18. Amount Incurred for Provision of Health Care Services	4,199,360									4,199,360

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,132,489



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Texas		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6,748									6,748
2 First Quarter	12,396									12,396
3 Second Quarter	14,596									14,596
4. Third Quarter	16,676									16,676
5. Current Year	17,488									17,488
6 Current Year Member Months	170,211									170,211
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	17,217,593									17,217,593
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	17,217,593									17,217,593
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	15,915,896									15,915,896
18. Amount Incurred for Provision of Health Care Services	16,631,317									16,631,317

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$17,217,593



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Utah		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,419									1,419
2. First Quarter	1,565									1,565
3. Second Quarter	1,598									1,598
4. Third Quarter	1,659									1,659
5. Current Year	1,688									1,688
6. Current Year Member Months	18,853									18,853
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	1,822,524									1,822,524
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,822,524									1,822,524
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,937,761									1,937,761
18. Amount Incurred for Provision of Health Care Services	1,940,911									1,940,911

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,822,524



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION
Envision Insurance Company

2. (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Vermont DURING THE YEAR 2015 NAIC Company Code 12747

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	63									63
2 First Quarter	61									61
3 Second Quarter	59									59
4. Third Quarter	59									59
5. Current Year	62									62
6 Current Year Member Months	697									697
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	80,034									80,034
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	80,034									80,034
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	85,434									85,434
18. Amount Incurred for Provision of Health Care Services	81,254									81,254

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$80,034



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2015 NAIC Company Code 12747	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	11,565									11,565
2. First Quarter	13,860									13,860
3. Second Quarter	14,296									14,296
4. Third Quarter	14,528									14,528
5. Current Year	14,952									14,952
6. Current Year Member Months	166,575									166,575
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	16,343,108									16,343,108
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	16,343,108									16,343,108
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	14,609,472									14,609,472
18. Amount Incurred for Provision of Health Care Services	14,798,889									14,798,889

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$16,343,108



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2015					NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	9,059									9,059	
2. First Quarter	9,561									9,561	
3. Second Quarter	9,438									9,438	
4. Third Quarter	9,190									9,190	
5. Current Year	9,185									9,185	
6. Current Year Member Months	110,256									110,256	
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	10,174,865									10,174,865	
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	10,174,865									10,174,865	
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	9,381,889									9,381,889	
18. Amount Incurred for Provision of Health Care Services	9,344,452									9,344,452	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,174,865



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF West Virginia		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,997									3,997
2. First Quarter	4,134									4,134
3. Second Quarter	4,055									4,055
4. Third Quarter	4,010									4,010
5. Current Year	3,963									3,963
6. Current Year Member Months	47,924									47,924
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	4,828,826									4,828,826
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	4,828,826									4,828,826
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	4,793,473									4,793,473
18. Amount Incurred for Provision of Health Care Services	4,767,759									4,767,759

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$4,828,826

30.WV



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Wisconsin		DURING THE YEAR 2015				NAIC Company Code		12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	7,793									7,793
2 First Quarter	8,290									8,290
3 Second Quarter	8,129									8,129
4. Third Quarter	7,873									7,873
5. Current Year	7,748									7,748
6 Current Year Member Months	94,285									94,285
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b).....	9,711,754									9,711,754
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	9,711,754									9,711,754
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	9,499,381									9,499,381
18. Amount Incurred for Provision of Health Care Services	9,409,712									9,409,712

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$9,711,754



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. _____ (LOCATION)

NAIC Group Code 00000 BUSINESS IN THE STATE OF Wyoming	DURING THE YEAR 2015										NAIC Company Code 12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	470										470
2. First Quarter	239										239
3. Second Quarter	240										240
4. Third Quarter	242										242
5. Current Year	240										240
6. Current Year Member Months	2,826										2,826
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b).....	305,112										305,112
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	305,112										305,112
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services	575,561										575,561
18. Amount Incurred for Provision of Health Care Services	564,657										564,657

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$305,112

30.WY



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Envision Insurance Company 2. (LOCATION)

NAIC Group Code	00000	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2015			NAIC Company Code			12747
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	356,784	0	0	0	0	0	0	0	0	356,784	
2. First Quarter	408,278	0	0	0	0	0	0	0	0	408,278	
3. Second Quarter	415,265	0	0	0	0	0	0	0	0	415,265	
4. Third Quarter	421,618	0	0	0	0	0	0	0	0	421,618	
5. Current Year	427,297	0	0	0	0	0	0	0	0	427,297	
6. Current Year Member Months	4,849,458	0	0	0	0	0	0	0	0	4,849,458	
Total Member Ambulatory Encounters for Year:											
7. Physician	0	0	0	0	0	0	0	0	0	0	
8. Non-Physician	0	0	0	0	0	0	0	0	0	0	
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0	
12. Health Premiums Written (b).....	460,939,100	0	0	0	0	0	0	0	0	460,939,100	
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned.....	460,939,100	0	0	0	0	0	0	0	0	460,939,100	
16. Property/Casualty Premiums Earned.....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	435,042,787	0	0	0	0	0	0	0	0	435,042,787	
18. Amount Incurred for Provision of Health Care Services	435,899,146	0	0	0	0	0	0	0	0	435,899,146	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 460,939,100

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than For Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
</											

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums.....	223,598	315,360	399,493	285,641	41,164
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	213,356	297,575	381,117	259,156	34,695
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....	3,949	7,552	4,367	2,571	325
8. Reinsurance recoverable on paid losses.....	0	0	0	0	1,356
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	XXX
18. Funds deposited by and withheld from (F).....	0	0	0	0	XXX
19. Letters of credit (L).....	0	0	0	0	XXX
20. Trust agreements (T).....	0	0	0	0	XXX
21. Other (O).....	0	0	0	0	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	40,339,501		40,339,501
2. Accident and health premiums due and unpaid (Line 15).....	24,555,913		24,555,913
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	(162,891,972)	(162,891,972)
5. All other admitted assets (Balance).....	267,876,053		267,876,053
6. Total assets (Line 28)	332,771,467	(162,891,972)	169,879,495
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	24,283,432	3,948,948	28,232,380
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	1,758,977		1,758,977
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	131,614,112	(131,614,112)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	123,992,912	(35,226,808)	88,766,104
15. Total liabilities (Line 24).....	281,649,433	(162,891,972)	118,757,461
16. Total capital and surplus (Line 33).....	51,122,035	XXX	51,122,035
17. Total liabilities, capital and surplus (Line 34)	332,771,468	(162,891,972)	169,879,496
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	3,948,948		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	3,948,948		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	131,614,112		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	35,226,808		
30. Total ceded reinsurance payables/offsets	166,840,920		
31. Total net credit for ceded reinsurance	(162,891,972)		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL0
2. Alaska	AK0
3. Arizona	AZ0
4. Arkansas	AR0
5. California	CA0
6. Colorado	CO0
7. Connecticut	CT0
8. Delaware	DE0
9. District of Columbia	DC0
10. Florida	FL0
11. Georgia	GA0
12. Hawaii	HI0
13. Idaho	ID0
14. Illinois	IL0
15. Indiana	IN0
16. Iowa	IA0
17. Kansas	KS0
18. Kentucky	KY0
19. Louisiana	LA0
20. Maine	ME0
21. Maryland	MD0
22. Massachusetts	MA0
23. Michigan	MI0
24. Minnesota	MN0
25. Mississippi	MS0
26. Missouri	MO0
27. Montana	MT0
28. Nebraska	NE0
29. Nevada	NV0
30. New Hampshire	NH0
31. New Jersey	NJ0
32. New Mexico	NM0
33. New York	NY0
34. North Carolina	NC0
35. North Dakota	ND0
36. Ohio	OH0
37. Oklahoma	OK0
38. Oregon	OR0
39. Pennsylvania	PA0
40. Rhode Island	RI0
41. South Carolina	SC0
42. South Dakota	SD0
43. Tennessee	TN0
44. Texas	TX0
45. Utah	UT0
46. Vermont	VT0
47. Virginia	VA0
48. Washington	WA0
49. West Virginia	WV0
50. Wisconsin	WI0
51. Wyoming	WY0
52. American Samoa	AS0
53. Guam	GU0
54. Puerto Rico	PR0
55. US Virgin Islands	VI0
56. Northern Mariana Islands	MP0
57. Canada	CAN0
58. Aggregate Other Alien	OT0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
			23-1614034			NYSE	Rite Aid Corporation	DE	UDP	Board of Directors	Board of Directors	100.0	Rite Aid Corporation	.0
			90-1011712				Hunter Lane, LLC	DE	NIA	Rite Aid Corporation	Ownership	100.0	Rite Aid Corporation	.0
			26-0676699				Envision Pharmaceutical Holdings LLC	DE	NIA	Hunter Lane, LLC	Ownership	100.0	Rite Aid Corporation	.0
			34-1939227				Rx Options, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	.0
			34-4221427				MedTrak Services, LLC	MO	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	.0
			05-0570786				Envision Pharmaceutical Services, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	.0
			88-0511398				Envision Pharmaceutical Services, LLC	NV	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	.0
			20-3389462				Envision Medical Solutions, LLC	FL	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	.0
		12747	20-4308924				Envision Insurance Company	OH	RE	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	.0
			26-2434607				Orchard Pharmaceutical Services, LLC	OH	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	.0
			59-2798509				First Florida Insurers of Tampa, LLC	FL	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	.0
			59-3760021				Advance Benefits, LLC	FL	NIA	First Florida Insurers of Tampa, LLC	Ownership	100.0	Rite Aid Corporation	.0
			27-4368094				Design Rx Holdings LLC	DE	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	.0
			20-1369429				Design Rx, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	.0
			20-5166645				Design Rxclusives, LLC	WY	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	.0
			20-3649446				Rx Initiatives L.L.C	UT	NIA	Design Rx Holdings Corporation, LLC	Ownership	100.0	Rite Aid Corporation	.0
			45-4806467				Ascend Health Technology LLC	DE	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	.0
			41-1924169				Laker Software, LLC	MN	NIA	Envision Pharmaceutical Holdings LLC	Ownership	100.0	Rite Aid Corporation	.0
												.0.0		.0

Asterisk	Explanation

42

42

42

42

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
14.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
15.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
17.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....YES.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....NO.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....NO.....
20.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....NO.....

APRIL FILING

21.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
22.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....SEE EXPLANATION.....
23.

Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?

.....NO.....
24.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
25.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....YES.....

AUGUST FILING

26.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....SEE EXPLANATION.....

Explanation:

11. The Company does not offer Medicare Supplement Insurance.

12. The Company does not offer Life Insurance.

13. The Company does not write any Property/Casualty Insurance.

14. The Company has less than 100 shareholders

15. The Company does not write Life Insurance.

16. The Company does not write Life Insurance.

18. Not Applicable.

19. Not Applicable.

20. Not Applicable.

21. The Company does not write Long-term Care Insurance.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22. Required by Florida and Illinois only.

23. The Company does not write any Property/Casualty Insurance.

26. None required

Bar code:

11. 
1 2 7 4 7 2 0 1 5 3 6 0 5 9 0 0 0

12. 
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23. 
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OVERFLOW PAGE FOR WRITE-INS



SUPPLEMENT FOR THE YEAR 2015 OF THE Envision Insurance Company
MEDICARE PART D COVERAGE SUPPLEMENT

(Net of Reinsurance)
(To Be Filed By March 1)

NAIC Group Code

00000

NAIC Company Code

12747

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage.....	202,501,918	XXX	29,395,981	XXX	231,897,899
1.12 Without Reinsurance Coverage.....		XXX		XXX	0
1.13 Risk-Corridor Payment Adjustments.....	28,702,525	XXX		XXX	28,702,525
1.2 Supplemental Benefits.....	486,329	XXX		XXX	486,329
2. Premiums Due and Uncollected-change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	(17,988,064)	XXX	(2,673,503)	XXX	XXX
2.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
2.2 Supplemental Benefits.....		XXX		XXX	XXX
3. Unearned Premium and Advance Premium-change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage.....		XXX		XXX	XXX
3.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
3.2 Supplemental Benefits.....		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments-change					
4.1 Receivable.....	(3,083,728)	XXX		XXX	XXX
4.2 Payable.....		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage.....	184,513,854	XXX	26,722,478	XXX	XXX
5.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments.....	25,618,797	XXX		XXX	XXX
5.2 Supplemental Benefits	486,329	XXX		XXX	XXX
6. Total Premiums.....	210,618,980	XXX	26,722,478	XXX	261,086,753
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage.....	194,060,957	XXX	22,930,250	XXX	216,991,207
7.12 Without Reinsurance Coverage.....		XXX		XXX	0
7.2 Supplemental Benefits.....	1,092,359	XXX		XXX	1,092,359
8. Claim Reserves and Liabilities-change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage.....	3,990,402	XXX	468,867	XXX	XXX
8.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
8.2 Supplemental Benefits.....		XXX		XXX	XXX
9. Health Care Receivables-change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage.....		XXX		XXX	XXX
9.12 Without Reinsurance Coverage.....		XXX		XXX	XXX
9.2 Supplemental Benefits.....		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage.....	198,051,359	XXX	23,399,117	XXX	XXX
10.12 Without Reinsurance Coverage.....	0	XXX	0	XXX	XXX
10.2 Supplemental Benefits.....	1,092,359	XXX	0	XXX	XXX
11. Total Claims	199,143,718	XXX	23,399,117	XXX	218,083,566
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid – Net To Reimbursements Applied.....	XXX	(167,452,894)	XXX	(21,245,741)	(188,698,635)
12.2 Reimbursements Received but Not Applied-change.....	XXX		XXX		0
12.3 Reimbursements Receivable-change.....	XXX		XXX		XXX
12.4 Health Care Receivables-change.....	XXX		XXX		XXX
13. Aggregate Policy Reserves-change.....					XXX
14. Expenses Paid.....	16,134,398	XXX	957,774	XXX	17,092,172
15. Expenses Incurred.....	15,780,083	XXX	936,741	XXX	XXX
16. Underwriting Gain/Loss.....	(4,304,821)	XXX	2,386,620	XXX	XXX
17. Cash Flow Result	XXX	XXX	XXX	XXX	214,609,650

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